

**Pesticide Control Program
PO Box 411
Trenton, NJ 08625-0411**

**CATEGORY TRAINING VERIFICATION FORM
FOR COMMERCIAL PESTICIDE APPLICATORS**

PLEASE CHECK APPROPRIATE BOX BELOW:

- ☐ **YES**, I HAVE COMPLETED THE 40 HOURS OF “ON THE JOB TRAINING” AND HAVE PERFORMED/WITNESSED THE MINIMUM NUMBER OF PESTICIDE APPLICATIONS REQUIRED BY NJAC 7:30-6.2. *LIST CATEGORIES TRAINED IN:* _____

- ☐ **NO**, I HAVE NOT COMPLETED THE 40 HOURS OF “ON-THE-JOB-TRAINING” BECAUSE IT IS NOT AVAILABLE. (*Note: You may not use this option for categories 3A, 3B & 7A. See attached notice.*)

Please explain below why training is not available:

APPLICANT’S NAME (*print*): _____

APPLICANT’S SIGNATURE: _____ DATE: _____

TRAINER: By signing below, I verify that the above named person completed 40 hours of on-the-job-training in the categories listed above as required by N.J.A.C. 7:30-6.2.

TRAINER’S NAME (*print*): _____

TRAINER’S PESTICIDE APPLICATOR LICENSE #: _____

TRAINER’S SIGNATURE: _____ DATE: _____

Note: This form is for Commercial Pesticide Applicator licensing only. Please do not submit with Commercial Pesticide Operator application forms.